IOWA ARCHITECTURAL EXAMINING BOARD 200 E GRAND, SUITE 350 DES MOINES IA 50309 515/725-9021

NOTICE OF INTENT TO OFFER ARCHITECTURAL SERVICES PRIOR TO REGISTRATION IN IOWA

| NAME |
|--|
| FIRM NAME |
| ADDRESS |
| |
| |
| NCARB file noNCARB certificate no |
| State of primary practice Registration no |
| Expires (please provide the lowa board with verification of current registration) |
| ******* |
| ,, hereby swear or affirm that I hold a valid NCARB certificate and a valid registration as an architect in the state of I have not had any disciplinary action imposed by any regulatory authority and no disciplinary action is currently rending against me. I have not and will not engage in any of the practices in lowa that are liste in lowa Code section 544A.16 without first complying with all the laws and rules governing registration as an architect. I have read and understand lowa Code Chapter 544A and lowa Administrative Code section 193B. A copy of this notice has been provided to every prospective client in the state of lowa. |
| State of |
| County of |
| Signature Date: |
| Subscribed and sworn before me thisday of, |
| Signature of Notary Public |
| /ly Commission Expires |

THE ORIGINAL COPY OF THIS FORM SHALL BE PROVIDED TO THE IOWA BOARD